



2643 <sup>EPW</sup>

Practitioner's Docket No. 700700-017

PATENT

I certify that on May 3, 2005, which is the date I am signing this certificate, this correspondence and all identified attachments are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Peter L. Holmes

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re application of:** Dybdal et al.

Confirmation No.: 3329

Application No.: 10/007,992

Art Unit: 2643

Filing Date: 11/07/2001

Examiner: Sams, Matthew C.

For: Method Of Determining Communication Link Quality Employing Beacon Signals

**Mail Stop Amendment**

**Commissioner for Patents**

**P.O. Box 1450**

**Alexandria, VA 22313-1450**

### AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

### STATUS

2. Applicant is a small entity. A statement was already filed.

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$225.00

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### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)                                  | (Col. 2)                              | (Col. 3)         | SMALL ENTITY        |               |       |  |
|---|---|---------------------------------------|------------------|---------------------|---------------|-------|--|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDIT.<br>FEE |       |  |
| TOTAL                                     | 32  | — 30                                  | = 2              | x \$ 25.00          | = \$          | 50.00 |  |
| INDEP.                                    | 3   | — 3                                   | = 0              | x \$ 100.00         | = \$          | 0.00  |  |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                       |                  | + \$ 0.00           | = \$          | 0.00  |  |
|   |   |                                       |                  | TOTAL<br>ADDIT. FEE | \$            | 50.00 |  |

Total additional fee for claims required \$50.00

### FEE PAYMENT

5. Attached is a check in the sum of \$275.00.

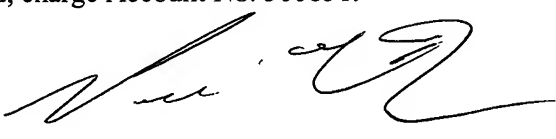
### FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 500651.

If an additional fee for claims is required, charge Account No. 500651.

Date: May 3, 2005

Reg. No.: 37,353  
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Signature of Practitioner  
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